

Independent Expenditure Reportvoter REGISTRATION § 24.2-945.2 of the Code of Virginia

This document must be clear, legible and typed or printed in blue or black ink and may be sent by fax with an original signed copy postmarked by the due date.

Due Within 24 Hours of the Time When the Funds Were Expended or Dissemination of the Expenditure (Whichever is First)

Please Note: Political Action (PAC) and Political Party committees which have not yet registered with the State Board of Elections must submit a Statement of Organization form (SBE-949.2 [PACs] or SBE 950.2 [Parties]) with the Independent Expenditure Form.

DATE OF INDEPENDENT EXPENDITURE	SBE COMMITTEE ID NUMBER (if one)
CITIZEUS FOR SENSIBLE INSERT FULL NAME OF INDIVIDUAL, ENTITY OR COMM 310 SOUTH LEE STREET PRIMARY MAILING ADDRESS ALEXANDESO CITY STATE	
CITY STATE (703) S18-8776 DAYTIME PHONE (INCLUDING AREA CODE) EMAIL ADDRESS	
I certify that these expenditures were not made at the request or suggestion or any agent(s) of candidate(s) that are supported by or benefited from this e of any candidate's campaign committee had material involvement in dev timing of these expenditures. I further certify that the information contained my knowledge. I understand that providing false information on this form is Virginia and is punishable up to a Class 5 felony. SIGNATURE OF PERSON RESPONSIBLE FOR	expenditure. I also certify that no candidate or any agent ising the strategy, content, means of dissemination or in this report is true, complete, and correct to the best of

INDEPENDENT EXPENDITURE REPORT

SECTION I: LIST OF CANDIDATE(S) SUPPORTED OR OPPOSED

Candidate Committee Name and Address	Office Sought	Support or Oppose?	% of Expenditure
SicherBERG	Ciry Cowall	Support	20
MEUIJAM	Ciry Couril	Support	20
PED BEDY	Cry Const	Support	25.
WALLER	Ciry Count) - oddry	20
MOSHENBERG	Ciry Courer	Suppers	2.0
		Total %	100

Supersedes all previous versions

INDEPENDENT EXPENDITURE REPORT

SECTION II: LIST ALL EXPENDITURES MADE SUPPORTING OR OPPOSING THE CANDIDATE(S) LISTED ABOVE

COLUMN 5 AMOUNT PAID	8 1251 ª	1373	\$2624
COLUMN 3 NAME OF PERSON AUTHORIZING EXPENDITURE	JONSTANJ WILBER	ENDTHAN WILLOW 1373	TOTAL PAID
COLUMN 2 DESCRIPTION OF EXPENDITURE	Four AGE NAVERTISEMENT	Four Pase Abvertisement	
COLUMN 1 PERSON OR COMPANY PAID MAILING ADDRESS OF PAYEE RCLUDE ZIP	ALEXANDRIA "IMES 110 SOUTH P.T ST ALEXANDRIA VA. 22314.	COUNECTION YENSPAPERS. 1606 KING SF. ALEXANDRIA, VA. 22314	

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